

Docket No. 60091.00486

SQUIRE, SANDERS & DEMPSEY L.L.P.

Declaration For U.S. Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought in the invention entitled
 (Insert Title) METHOD AND SYSTEM FOR OPTIMIZATION OF DATA TRANSFER BETWEEN NETWORKED DEVICES

the specification of which is attached hereto unless the following box is checked:

☒ was filed on February 4, 2005 As PCT International Application
 Number PCT/US2005/00077 and was amended on November 17, 2005
 And/or was filed on August 3, 2006 As United States Application
 Number _____ and was amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefit under 35 U.S.C. §119(e)-(f) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(d) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International Application having a filing date before that of the application(s) for which priority is claimed:

(List prior foreign applications)	<u>20040179</u>	<u>Finland</u>	<u>06/02/2004</u>	Priority Claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>

☐ See attached list for additional prior foreign or provisional applications.

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365(e) of any PCT international application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) (U.S. or PCT) in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which becomes available between the filing date of the prior application and the national or PCT international filing date of this application.

(List prior U.S. Applications or PCT International Applications designating the U.S.)	<u>_____</u>	<u>_____</u>	<u>_____</u>
	<u>_____</u>	<u>_____</u>	<u>_____</u>

And I hereby appoint the firm of Squire, Sanders & Dempsey, Customer Number 32294 including as principal attorneys: Douglas H. Goldstein, Reg. No. 33,125; Arlene P. Neal, Reg. No. 43,025; Mayd S. Al-Basam, Reg. No. 34,745; David E. Brown, Reg. No. 31,091; Alicia M. Choi, Reg. No. 36,621; Peter C. Flanagan, Reg. No. 35,178; and N. Alexander Nolle, Reg. No. 45,689.

Please direct all communications to the following address:

Customer No. 32294
 SQUIRE, SANDERS & DEMPSEY L.L.P.
 1000 Towers Crescent Drive, 14th Floor
 Tyngsboro, Virginia 22103-3760
 Telephone No. (703) 720-7000; Facsimile No. (703) 720-7802

The undersigned hereby authorizes the U.S. attorneys named herein to accept and follow instructions from the undersigned's assignee, if any, and/or, if the undersigned is not a resident of the United States, the undersigned's domestic attorney, patent attorney or patent agent, as to any action to be taken by the Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorneys named herein will be so notified by the undersigned.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Vlad STIRBU

Inventor's signature [Signature]

26.03.2006

Date

Residence Tampere, Finland

Citizenship Romania

Post Office Address Männikökatu 4 C 16, FI-33820 Tampere, Finland

Full name of second inventor Mika SAARANEN

Inventor's signature _____

Residence Tampere, Finland

Date

Citizenship Finland

Post Office Address Siirtolapuutarhankatu 11 A 8, FI-33900 Tampere, Finland

Full name of third inventor _____

Inventor's signature _____

Residence _____

Date

Citizenship _____

Post Office Address _____

Full name of fourth inventor _____

Inventor's signature _____

Residence _____

Date

Citizenship _____

Post Office Address _____

Full name of fifth inventor _____

Inventor's signature _____

Residence _____

Date

Citizenship _____

Post Office Address _____

Full name of sixth inventor _____

Inventor's signature _____

Residence _____

Date

Citizenship _____

Post Office Address _____

Full name of seventh inventor _____

Inventor's signature _____

Residence _____

Date

Citizenship _____

Post Office Address _____

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(List prior foreign applications)	<u>200-0179</u>	<u>Finland</u>	<u>05/02/2004</u>	Priority Claimed
	<u>()</u>	<u>()</u>	<u>()</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<u>()</u>	<u>()</u>	<u>()</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>()</u>	<u>()</u>	<u>()</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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() ()
() ()
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I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) or § 365(a) of any PCT international application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) (U.S. or PCT) in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which becomes available between the filing date of the prior application and the national or PCT international filing date of this application.

(List prior U.S. applications or PCT international applications designating the U.S.)	<u>()</u>	<u>()</u>	<u>()</u>
	<u>()</u>	<u>()</u>	<u>()</u>

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Full name of sole or first inventor Vlad STIRBU

Inventor's signature _____

Residence Tampere, Finland

Date _____

Citizenship Romania

Post Office Address Männikkökatu 4 C 16, FI-33820 Tampere, Finland

Full name of second inventor Mika SAARANEN

Inventor's signature Mika Saaranen

9/11/2006

Residence Tampere, Finland

Date _____

Citizenship Finland

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Huhtakirkon tie 22 D4, FI-33460 Pirkkala, Finland; 9/11/2006 MS

Full name of third inventor _____

Inventor's signature _____

Residence _____

Date _____

Citizenship _____

Post Office Address _____

Full name of fourth inventor _____

Inventor's signature _____

Residence _____

Date _____

Citizenship _____

Post Office Address _____

Full name of fifth inventor _____

Inventor's signature _____

Residence _____

Date _____

Citizenship _____

Post Office Address _____

Full name of sixth inventor _____

Inventor's signature _____

Residence _____

Date _____

Citizenship _____

Post Office Address _____

Full name of seventh inventor _____

Inventor's signature _____

Residence _____

Date _____

Citizenship _____

Post Office Address _____